

**APPLICATION FOR RENEWAL OF PRELIMINARY SCHOOL PSYCHOLOGIST
CERTIFICATE FOR CANDIDATES WHO COMPLETED REQUIREMENTS OUT OF STATE**

NOTE: Do not use this form if you completed renewal credit requirements at a Michigan university. You must apply through the Michigan university where you completed the renewal credits.

INSTRUCTIONS:

- â Complete items 1 through 4. **PLEASE PRINT OR TYPE.** Attach a photocopy of your Michigan Preliminary School Psychologist certificate and return to the address above.
- â Preliminary School Psychologist certificate renewal applicants must request the out-of state college or university where you completed the appropriate school psychologist program credits for renewal to forward transcripts directly to you to submit with the application. It is the applicant's responsibility to ensure all materials arrive under the same name.
- â Upon receipt of your application, you will be billed the \$125.00 fee. Your application will not be reviewed until the fee payment has been posted.

1 APPLICANT INFORMATION

Social Security Number	Name: Last/First/ Middle Initial	Maiden
Street Address (Home)	City, State	Zip Code
Telephone ()	Date of Birth 	Sex 9 Male 9 Female

RACIAL AND ETHNIC CATEGORIES

- 9 American Indian or Alaskan Native (a person having origins in any of the original peoples of North America or maintaining cultural identification through tribal affiliation or community recognition.)
- 9 White, NOT of Hispanic origin (a person having origins in any of the original people of Europe, North Africa or the Middle East.)
- 9 Black, NOT of Hispanic origin (a person having origins in any of the black racial groups of Africa.)
- 9 Asian or Pacific Islander (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.)
- 9 Hispanic (a person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.)
- 9 Multiracial: (a person of mixed racial-ethnic origins.)

Í DEGREE INFORMATION		
TYPE	NAME OF GRANTING INSTITUTION	YEAR DEGREE CONFERRED
Bachelor's		
Master's		
Specialist's		
Ph.D./Ed.D		
Other (specify)		

If you hold a higher degree and wish this degree to appear on your certificate, please provide official transcripts.

Î CERTIFICATION INFORMATION				
	YES	NO		EXPIRATION DATE
I previously held a Michigan Preliminary School Psychologist Certificate. (If YES, attach copy.)			Type:	
I presently hold a valid out-of-state School Psychologist Certificate. (If YES, attach copy.)			State:	

Ï CONVICTION/REVOCATION INFORMATION		
1. Have you ever been convicted of, pled no contest to, or pled guilty to a felony? (Check one.)	9 Yes	9 No
2. Have you ever been convicted of, pled no contest to, or pled guilty to a misdemeanor involving a minor? (Check one.)	9 Yes	9 No
3. Have you had a school psychologist certificate suspended or revoked? (Check one.)	9 Yes	9 No

Applicant's signature

Date

DO NOT WRITE BELOW THIS LINE

Institution	Degree	Date Issued	Certificate Type
Fee Paid	Date Approved	Expiration Date	Certificate Number
\$			